

# Foster Family Home - Corrective Action Report

Provider ID: 1-624610

Home Name: Marlene Diego, CNA

94-1237 Halelehua Street

Waipahu

HI 96797

Review ID: 1-624610-8

Reviewer: David Ayling

Begin Date: 6/6/2019

## Foster Family Home

## Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 6/6/19. Corrective Action Report issued during home inspection with all items due to CTA by 7/6/19.

6.(d)(1) - see applicable sections of the review

## Foster Family Home

## Background Checks

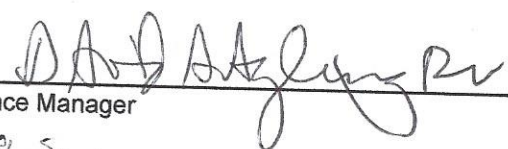
[11-800-8]

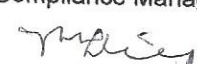
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2) - No current APS/CAN and eCrim history for CG #1 and CG #2. Expired on 6/29/18. No current APS/CAN for CG #3. Expired on 8/19/18.

  
Compliance Manager

  
Primary Care Giver

6/6/19  
Date

6/6/19  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Marlene Diego

CCFFH Address: 94-1237 Halelehua St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)(2)	I have gotten current APS/CAN and eCrim from CG#1, CG#2, and CG#3 and place in my CCFFH binder.	7/28/19	I have made a list of the expiration dates for APS/CAN and eCrim for all CG's. I placed the list in the front of my CCFFH binder. I will review it monthly.

Primary Caregiver's Signature: Marlene Diego

Print Name: MARLENE DIEGO

Date of Signature: 7/28/19